

<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b> Schedule/Claim ID    s31650 Amount/Classification    \$1 087 60 Unsecured <i>if correct</i>	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address  11321240000976 <b>HUMPHRY 1999 TRUST</b> <b>C/O JACK HUMPHRY &amp; ALICE HUMPHRY TRUSTEES</b> <b>3825 CHAMPAGNE WOOD DR</b> <b>NORTH LAS VEGAS NV 89031 2056</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Creditor Telephone Number (    ) Last four digits of account or other number by which creditor identifies debtor <b>4113</b>		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____ if this claim _____		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>1 BASIS FOR CLAIM</b>					
<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2 DATE DEBT WAS INCURRED</b>			<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>		
<b>4 CLASSIFICATION OF CLAIM</b> See reverse side for important explanations. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.					
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ <del>186,631.00</del>		
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)			<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (    ) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ \$ <u>186,631.00</u> \$ _____ \$ <u>186,631.00</u> (unsecured) (secured) (priority) (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911				<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED OCT 13 2006</b>  USA CMC  1072500588	
<b>DATE</b> <u>10/11/06</u>		<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <i>Jack Humphry &amp; Alice Humphry Trust</i>			





UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b> Schedule/Claim ID    s31805 Amount/Classification _____	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
NOTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Name of Creditor and Address: [REDACTED] 11321240001089 JOHN & JANET MRASZ TRUST DATED 12/2/04 C/O JOHN T MRASZ & JANET F MRASZ TRUSTEES 10015 BARLING ST SHADOW HILLS, CA 91040-1512		Creditor Telephone Number (818) 353-0282 Last four digits of account or other number by which creditor identifies debtor: _____			
<div style="display: flex; justify-content: space-between;"> <div> <b>1 BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold      <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed      <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned      <input type="checkbox"/> Other (describe briefly) _____       </div> <div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)          Last four digits of your SS #: _____          Unpaid compensation for services performed from _____ to _____  <div style="text-align: right;">(date)                      (date)</div> </div> <div> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)       </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>2. DATE DEBT WAS INCURRED</b>    4/29/05       </div> <div> <b>3. IF COURT JUDGMENT, DATE OBTAINED</b> </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> <b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.          See reverse side for important explanations.   <b>UNSECURED NONPRIORITY CLAIM</b> \$ _____  <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.   <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.          Amount entitled to priority \$ _____          Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)       </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <b>SECURED CLAIM</b>    <i>CABERNET</i>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).          Brief description of collateral:  <input checked="" type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____          Value of Collateral \$ _____          Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____   <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)  <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> </div> </div>					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured)    \$ <u>153,846.15</u> (secured)    \$ _____ (priority)    \$ _____ (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS.</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8. DATE-STAMPED COPY.</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911					<b>THIS SPACE FOR COURT USE ONLY</b>   <div style="text-align: center;"> <b>FILED SEP 28 2006</b>             USA CMC          1072500346       </div>
DATE 9/27/06		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <i>Janet Mrasz, Trustee</i> JANET MRASZ			

EXHIBIT B



<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b>	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Schedule/Claim ID    s31845 Amount/Classification \$11 538 46 Unsecured  <b>842,140.36 Secured</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  11321240001113 JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number <b>(702) 240-8007</b> Last four digits of account or other number by which creditor identifies debtor					
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against services (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)    Last four digits of your SS # _____    Unpaid compensation for services performed from _____ to _____ (date)    (date)					
<b>2 DATE DEBT WAS INCURRED</b> <u>11-21-13</u>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>			
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral    \$ <u>842,140.36</u> Amount of arrearage and other charges at time case filed included in secured claim, if any    \$ <u>842,140.36</u>		
<b>UNSECURED PRIORITY CLAIM</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority    \$ <u>11,538.46</u> Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)			<input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>11,538.46</u> (unsecured)    \$ <u>842,140.36</u> (secured)    \$ _____ (priority)    \$ <u>853,678.82</u> (Total)					
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911				<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED OCT 31 2006</b>  USA CMC  1072500893	
DATE <u>10-28-06</u>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Joyce E. Smith Trustee</u>			




<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b>	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Schedule/Claim ID    s31845 Amount/Classification <del>\$14,500.00</del> <b>33,561.44 Secured.</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name of Creditor and Address  11321240001113 JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Creditor Telephone Number <u>702-240-8007</u> Last four digits of account or other number by which creditor identifies debtor <u>Acct 2296</u>		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____. if this claim <input type="checkbox"/>			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2 DATE DEBT WAS INCURRED</b> <u>7-22-05</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____					
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>UNSECURED NONPRIORITY CLAIM \$</b>  <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.   <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.            Amount entitled to priority \$ _____            Specify the priority of the claim _____  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)         </div> <div style="width: 48%;"> <b>SECURED CLAIM</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).            Brief description of collateral _____  <input checked="" type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____            Value of Collateral \$ <u>33,561.44</u>            Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>33,561.44</u>   <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) _____  <i>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i> </div> </div>					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured)    \$ <u>33,561.44</u> (secured)    \$ <u>33,561.44</u> (priority)    \$ <u>33,561.44</u> (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911				<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED OCT 31 2006</b>   USA CMC 1072500895	
DATE <u>10-28-06</u>		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Joyce E. Smith, Trustee</u>			

EXHIBIT B


<div style="display: flex; justify-content: space-between;"> <div style="background-color: black; width: 40%; height: 40px;"></div> <div style="text-align: center;"> <b>EXHIBIT B</b>  <b>PROOF OF CLAIM</b>  <b>ORIGINAL</b> </div> </div>		<b>REC-11</b>  <b>Nov 3 11 15 AM '06</b>
<b>Name of Debtor</b> <div style="font-size: 1.2em; margin-top: 10px;">USA Commercial Mortgage Company</div>	<b>Case Number</b> <div style="font-size: 1.2em; margin-top: 10px;">06-10725-LBR</div>	<div style="border: 1px solid black; padding: 5px;"> <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>              If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again  <b>THIS SPACE IS FOR COURT USE ONLY</b> </div>
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
<b>Name of Creditor and Address</b> <div style="margin-top: 10px;"> <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> 11321241001195              LEONARD BAKER &amp; BARBARA BAKER              REVOCABLE TRUST              C/O LEONARD BAKER &amp; BARBARA BAKER CO-TRUSTEES              8520 BAYLAND DR              LAS VEGAS NV 89134-8641           </div>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
<b>Creditor Telephone Number</b> (702) 228-7700  <b>Last four digits of account or other number by which creditor identifies debtor</b> <div style="font-size: 1.2em; margin-top: 10px;">ID # 3242</div>	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____.	
<b>1 BASIS FOR CLAIM</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned         </div> <div style="width: 50%;"> <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other (describe briefly)         </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)              Last four digits of your SS #: _____              Unpaid compensation for services performed from _____ to _____ (date) (date)         </div> <div style="width: 50%;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)         </div> </div>		
<b>2 DATE DEBT WAS INCURRED</b> 4/4/05 <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____		
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>UNSECURED NONPRIORITY CLAIM</b> \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 26,500,000.00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3335.00
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (____). <small>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> <div style="display: flex; justify-content: space-between;"> <div>             (unsecured) \$ _____           </div> <div>             (secured) \$ 140,600.00           </div> <div>             (priority) \$ _____           </div> <div>             (Total) \$ 140,600.00           </div> </div>		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <b>BY MAIL TO</b>              BMC Group              Attn: USACM Claims Docketing Center              P.O. Box 911              El Segundo, CA 90245-0911           </div> <div style="width: 45%;"> <b>BY HAND OR OVERNIGHT DELIVERY TO</b>              BMC Group              Attn: USACM Claims Docketing Center              1330 East Franklin Avenue              El Segundo, CA 90245           </div> </div>		<b>THIS SPACE FOR COURT USE ONLY</b>   <div style="text-align: right;">             USA CMC                1072500976           </div>
<b>DATE</b> <div style="font-size: 1.2em; margin-top: 10px;">11/3/06</div>	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>             Leonard Baker              Barbara Baker           </div> <div>             TRUSTEE              TRUSTEE           </div> <div>             LEONARD BAKER              BARBARA BAKER           </div> </div> </div>	



EXHIBIT B PROOF OF CLAIM	
<b>Name of Debtor</b> <b>USA Commercial Mortgage Company</b>	<b>Case Number</b> <b>06-10725-LBR</b>
<small>NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>	
<b>Name of Creditor and Address</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> XXXXXXXXXXXXXXXXXXXX </div> 11321242036758 <b>LOCOCO RANDALL &amp; ALLISON</b> 3001 SAN LUIS COURT FORT COLLINS CO 80525	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
<b>Creditor Telephone Number ( ) (970) 482-5262</b> <b>Last four digits of account or other number by which creditor identifies debtor</b>	<b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.</b>  <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>
<input type="checkbox"/> Check here if this claim replaces a previously filed claim dated _____ <input type="checkbox"/> or amends	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 DATE DEBT WAS INCURRED</b> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.  <b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	<b>SECURED CLAIM (see attached explanation)</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____  <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ -0-      \$ 100,000.00      \$ -0-      \$ 100,000.00 (unsecured)      (secured)      (priority)      (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.	
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY MAIL TO:  BMC Group  Attn: USACM Claims Docketing Center  P.O. Box 911  El Segundo, CA 90245-0911 </div> <div style="width: 45%;"> BY HAND OR OVERNIGHT DELIVERY TO:  BMC Group  Attn: USACM Claims Docketing Center  1330 East Franklin Avenue  El Segundo, CA 90245 </div> </div>	
<b>DATE</b> 11/9/06	<b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>Randall Lococo/Allison Lococo</b>

THIS SPACE FOR COURT  
USE ONLY  
**FILED**  
**NOV 10 2006**

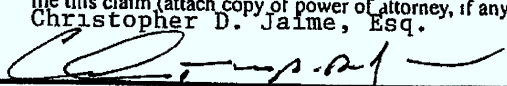



Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

EXHIBIT B

## EXHIBIT B

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>NEVADA</u>		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Co</b>	Case Number <b>BK-S-06-10725 1br</b>	
NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Dr James &amp; Tracy Murphy, Trustees of The Murphy Family Trust</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <b>Christopher D. Jaime, Esq. Maupin, Cox &amp; LeGoy P.O. Box 30,000 Reno, NV 89520 Telephone number (775) 827-2000</b>		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor _____		
Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>4/21/05</b>		<b>3 If court judgment, date obtained</b> <b>N/A</b>
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>Unsecured Nonpriority Claim</b> \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority. <b>Secured Claim (Cabernet)</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <b>Unknown</b> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <b>22,753</b>		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed</b> \$ <u>122,753</u> (unsecured) (secured) (priority) (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>8/15/06</b> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>Christopher D. Jaime, Esq.</b> 		
		Filed date <b>8/15/06</b> USA CMC  1072500099



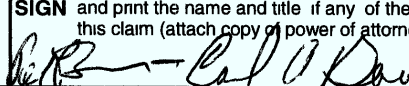
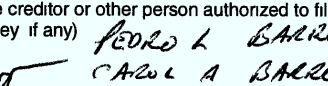
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

EXHIBIT B



EXHIBIT B UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		PROOF OF CLAIM
<b>Name of Debtor</b> <b>USA COMMERCIAL MORTGAGE COMPANY</b> <b>(JOINTLY ADMINISTERED)</b>	<b>Case Number</b> <b>06-10725-LBR</b>	<p><b>RECEIVED AND FILED</b></p> <p><b>2006 AUG -8 PM 12: 10</b></p> <p><b>U.S. BANKRUPTCY COURT</b>  <b>PATRICIA GRAY, CLERK</b></p> <p><b>REC'D AUG 09 2006</b></p> <p><i>(This space for court use)</i></p>
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.</small>		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property)</b> <b>Paul L. Linney Trustee of the Paul L. &amp; Marie Linney Trust dated 10/25/96</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Name &amp; address where notices should be sent</b> Paul L. Linney 2079 Mentage Drive Sparks, Nevada 89434-2102		
<b>Account or other number by which creditor identifies debtor</b> Client ID 3173	<b>Check here if this claim</b> <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____                 </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (FILL OUT BELOW)                      Last four digits of your SS # _____                      Unpaid compensation for services performed                      from (date) _____ To _____ (date)                 </div> </div>		
<div style="display: flex;"> <div style="width: 50%;"> <b>2. Date debt was incurred</b> 6/24/05                 </div> <div style="width: 50%;"> <b>3. If court judgment, date obtained</b> </div> </div>		
<b>4. Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Non Priority Claim \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or it c) none or only part of your claim entitled to priority. <hr/> <b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. <b>Amount entitled to priority \$</b> _____ <b>Specify the priority of the claim</b> <input type="checkbox"/> Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition, or cessation of the debtor's business, whichever is earlier- 11 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4)	<b>5. Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of collateral \$</b> Unknown <b>Amount of arrearage and other charges at time case filed included in secured claim, if any \$</b> Unknown <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use- 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> OTHER-Specify applicable paragraph of 11 USC § 507(a)( ) _____ <small>*Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>5. Total Amount of Claim at Time Case Filed</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(unsecured)</div> <div>\$ 50,000.00** (secured)</div> <div>(priority)</div> <div>\$ 50,000.00** (Total)</div> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. **Plus interest.		
<b>7. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		<i>(This space for court use)</i>
<b>Date</b> 8/7/06  Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Paul L. Linney, Trustee (Creditor)		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1593		



<b>UNITED STATES BANKRUPTCY COURT</b> <b>DISTRICT OF NEVADA</b>		<b>EXHIBIT B</b> <b>PROOF OF CLAIM</b>		 <b>YOUR CLAIM IS SCHEDULED AS</b> Schedule/Claim ID    s32239 Amount/Classification \$41 666 67 Unsecured	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.			
Name of Creditor and Address  11321240001402 <b>PEDRO L &amp; CAROL A BARROSO</b> TRUST DATED 11/29/90 C/O PEDRO LUIS BARROSO & CAROL ANN BARROSO TRUSTEE 3231 CAMBRIDGESHIRE ST LAS VEGAS, NV 89146 6223		Creditor Telephone Number (702) <b>876-4184</b> Last four digits of account or other number by which creditor identifies debtor: _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1 BASIS FOR CLAIM</b>  <input type="checkbox"/> Goods sold    <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Services performed    <input type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Money loaned    <input type="checkbox"/> Other (describe briefly) _____       </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)          Last four digits of your SS #: _____          Unpaid compensation for services performed from _____ to _____ (date) (date)       </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal  <input type="checkbox"/> Other claims against servicer (not for loan balances)       </div> </div>					
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>			
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
<div style="display: flex;"> <div style="width: 50%;"> <b>UNSECURED NONPRIORITY CLAIM \$</b>  <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.   <b>UNSECURED PRIORITY CLAIM</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.          Amount entitled to priority \$ _____          Specify the priority of the claim: _____  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)       </div> <div style="width: 50%;"> <b>SECURED CLAIM</b>  <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).          Brief description of collateral:  <input checked="" type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____          Value of Collateral \$ _____          Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____   <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)       </div> </div> <p style="font-size: small;">* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured)    \$ _____ (secured)    \$ _____ (priority)    \$ _____ (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911					<b>THIS SPACE FOR COURT USE ONLY</b>  <div style="text-align: center; font-size: large;">FILED OCT 04 2006</div> <div style="text-align: center; font-size: small;">USA CMC 1072500317</div>
<b>DATE</b> Sept 26 2006					<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <div style="display: flex; justify-content: space-between;"> <div>   <b>PEDRO L. BARROSO</b>  <b>CAROL A. BARROSO</b> </div> <div>   <b>PEDRO L. BARROSO</b>  <b>CAROL A. BARROSO</b> </div> </div>